

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 143Registered No. 42

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

City GlobeNo. Gila County Hosp.

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Olive Boyd

{ If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other \_\_\_\_\_

## 6. Legitimate?

## 7. Date of birth

3-7-1930  
Month Day YearFemale

## 5. No., in order of birth \_\_\_\_\_

Yes

## 8.

## FATHER

Full name John Jackson Boyd, Sr.

## 14.

## MOTHER

Full maiden name Olive Shultz

## 9. Residence

(Usual place of abode) GlobeIf non-resident, give place and state. Arizona

## 15. Residence

(Usual place of abode) GlobeIf non-resident, give place and state. Arizona

## 10. Color or race

White11. Age at last birthday 22 (Years)

## 16. Color or race

White17. Age at last birthday 31 (Years)

## 12. Birthplace (city or place)

(State or country) Morgan's Texas

## 18. Birthplace (city or place)

(State or country) Lampasas Texas

## 13. Occupation

Nature of industry Auto mechanic

## 19. Occupation

Nature of industry Housewife20. Number of children of this mother 6(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 3(b) Born alive but now dead 3(c) Stillborn 0

## 21. Were precautions taken against ophthalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:10 m. on the date above stated.

(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. AdamsPhysician

(Physician or Midwife).

Given name added from  
a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

Address Box 636 Globe, ArizonaFiled 4/8, 1930S. E. Wightman

Registrar

Registrar \_\_\_\_\_

6241-307-629